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THE HEALTH INSURANCE EXCHANGE

The Senate-passed bill as improved through reconciliation will create state-based health insurance Exchanges in 2014, for states that choose to operate their own exchanges, and a multi-state Exchange for the others. The Exchanges will make health insurance more affordable and accessible for small businesses and individuals.

Exchanges

1. Create Exchanges where individuals and small businesses can compare and purchase health insurance online – among other places – at competitive prices.
2. For states that choose not to operate their own Exchange, there will be a multi-state Exchange run by the Department of Health and Human Services.
3. State insurance commissioners will continue to provide oversight regarding consumer protections, rate review, and solvency.
4. Protects the financial integrity of the Exchanges through annual audits and financial reporting overseen by the Secretary of Health and Human Services, and establishes procedures and protections to guard against fraud and abuse.

One-Stop Shopping that Promotes Choice and Competition

1. Health coverage options available in a zip code will be listed on state-based web portals and elsewhere.
2. Using the Internet and other means to present consumers with available plans will make purchasing health insurance easier and more understandable.
3. Individuals will be able to choose coverage among several benefit packages all including an essential set of benefits that provide comprehensive health care services with different levels of cost sharing.
4. To ensure competition, state Exchanges will have a national plan supervised by Office of Personnel and Management and may include state-based non-profit co-ops and multi-state insurance plans.

Provide Information and Promote Transparency

1. Requires standardized format, definitions, enrollment applications, consumer satisfaction, and marketing requirements to allow easy comparison of the prices, benefits, and performance of health plans.
2. Establishes a toll-free telephone hotline to respond to consumer requests for assistance.

3. Creates online eligibility determinations with regard to health care premium tax credits or public programs, and consumers without access to the Internet will be able to enroll through the mail or in person in a variety of locations.
4. Health coverage Navigators in states will conduct public education activities, distribute information about enrollment and premium credits, and provide enrollment assistance.
5. Awards grants to states to establish, expand, or support health insurance consumer assistance.

Ensure Affordable Coverage

1. Provides premium tax credits to limit the amount individuals and families up to 400% poverty spend on health insurance premiums.
2. Provides cost-sharing credits for individuals and families up to 250% of poverty to help ensure affordable coverage.
3. Sliding scale tax credits are available to small employers with fewer than 25 employees and average annual wages of less than \$50,000 that purchase health insurance for employees.

BENEFITS

In order to achieve affordable, quality health care for all, the Senate passed bill as improved by reconciliation establishes standards to ensure that all plans in the new health insurance Exchanges cover a comprehensive set of necessary services and offer protections for consumers.

General

1. Establishes a core set of benefits that all insurers must provide in the Exchange.
2. Eliminates out-of-pocket expenses for preventive care (including well baby and well child care) in new plans to underscore the importance of preventive health services in making Americans healthier and lowering the growth of health care costs over time.
3. Caps annual out-of-pocket spending for individuals and families in new plans.
4. Prohibits annual and lifetime limits on coverage by all health plans.

Benefit Packages

The Exchange makes available four tiers of benefit packages that will be offered by health plans from which consumers can choose to best meet their health care needs. Each plan must cover the essential benefits.

1. *Bronze Plan*: Includes the essential benefits and minimum cost-sharing protections where the plan covers 60 percent of the full value of the benefits.
2. *Silver Plan*: Includes the essential benefits with more generous cost-sharing protections than the Bronze plan where the plan covers 70 percent of the full value of the benefits.
3. *Gold Plan*: Includes the essential benefits with more generous cost-sharing protections than the Silver plan where the plan covers 80 percent of the full value of the benefits.
4. *Platinum Plan*: Includes the essential benefits with more generous cost-sharing protections than the Gold plan where the plan covers 90 percent of the full value of the benefits.

Guaranteed Set of Benefits

A required core set of benefits provides coverage for essential health care services and items to ensure that consumers will no longer have to worry about being stuck in an inadequate insurance plan. The levels of coverage will be defined by the Secretary of Health and Human Services. Benefits must include:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental Health and substance use disorder services, including behavioral health treatments
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision care